MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/537308 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ᵈ AMENDMENT			AS FILED		AFTER 1ᵗ AMENDMENT		AFTER 2ᵈ AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		O		1			54						
5		O		1			55						
6		O		1			56						
7		O		1			57						
8		O		1			58						
9		O		1			59						
10		O		1			60						
11		O		1			61						
12		O		1			62						
13		O		1			63						
14		O		1			64						
15		O		1			65						
16		O		O			66						
17		O		O			67						
18		O		1			68						
19		O		1			69						
20		O		1			70						
21		O		1			71						
22		O		1			72						
23		O		1			73						
24		O		1			74						
25		O		1			75						
26		O		1			76						
27		O		O			77						
28		O		1			78						
29		O		1			79						
30		O		1			80						
31		O		1			81						
32	1						82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	⬇	1	⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	32	⬅	30	⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS	33		31				TOTAL CLAIMS						